# "A Study to Evaluate the Effectiveness of Planned Teaching Programme Regarding ill Effects of Alcohol Among Adolescent Boys in a Selected PU College at Bangalore"

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## ABSTRACT

**Introduction:** India is the $2^{nd}$ most populated country in the world. The demographic profile of India shows a young population Taking care of health needs of the people and preventing diseases is a major concern for health professionals. Alcoholism and alcohol related problems are on an increase in India most of the problem can be minimized if not completely prevented by making the public aware of the complications related to alcoholism.

**Material and method:** A descriptive evaluator approach was for the study. The study was carried out in selected PU College at Bangalore. The sample comprised of 50 adolescent boys of selected PU College. The sample was by non-probability convenient sampling technique.. Data was collected by administering a structured knowledge questionnaire before and after the planned teaching programme. Data were analyzed by using descriptive and inferential statistics (paired't' test and chi-square test).

**Conclusion:** The planned teaching programme was effective in improving the knowledge regarding ill effect of adolescent boys. So there is need to provision of such programme for more updating of knowledge.

**Key word:** Knowledge planned teaching program, adolescent, ill effects of alcohol.

## INTRODUCTION

**"Drunkenness is nothing but voluntary madness"**

*Seneca the younger*

"Drink has drained more blood, hung more crepe, sold more house, plunged more people bankruptcy, armed more villains, slain more children, snapped more wedding rings, defiled more innocence, blind more eyes, twisted more limbs, dethroned more reason, wrecked more manhood, dishonored more womanhood, broken more hearts, blasted more lives driven more to suicide, and dug more graves than only other poisoned scourge that ever swept its death dealing waves across the world"[1]

Alcohol abuse is a major health problem in the country and at large in the world. For the past thirty to forty year, alcohol consumption has increased tremendously. The problem of alcoholism, until a few decades was considered a moral problem and a sign of social irresponsibility. After introduction of population it was viewed as in illegal act. Recently scholars consider it as a more complicated chronic and immensely costly disease than type of a deviant behavior.[2]

According to the World Health Organization (2007) around 10% of people across world suffer from the problem of alcoholism. This problem is nowadays considered as a disease. It affects not only the alcoholics but also their family members and neighbors. Alcoholism is involved in greater than 50% of motor vehicle deaths, 67% of drowning, 70%-80% of fresh deaths.

According to National Family Health Survey conducted in 2007, 50% of drinkers are from Kerala, Punjab, Delhi, Haryana, Karnataka and Maharashtra, 45% from South Indian States and 5% from the Central States.

Alcoholism affects both the body and mind of the alcoholics and become a disease when people are not able to live without it. It also leads to many diseases such as liver cirrhosis, high blood pressure and mental problems like depression, suicidal tendency and neuropsychiatric disorders.

**Statement of problem:** "A study to evaluate the effectiveness of planned teaching programme regarding ill effects of alcohol among adolescent boys in a selected PU college at Bangalore."

## Objectives of study:

1. To assess the level of knowledge regarding ill effects of alcohol among the adolescent boys of PU College before and after planned teaching programme.
2. To evaluate the effectiveness of planned teaching programme regarding ill effects of alcohol among the adolescent boys of PU College.
3. To find out the association between post-test knowledge scores of adolescent boys of PU college regarding ill affects of alcohol with selected socio demographic variables.

## Material & method

**Research Approach&Research Design:** evaluative approach was considered and Pre-experimental i.e. one group pre-test and post-test design was adopted for the study.

## Independent variables:

In this study Planned Teaching Programme was the independent variables.

## Dependent variables:

In this study it refers to the level of knowledge of adolescent boys of selected PU College.

## Extraneous variables:

In this study extraneous variables are age, religion, type of family, domicile, family income, educational status of parents, occupational status ofparents, family history of alcoholism, and source of information regarding alcoholism and last year exam's marks.

**Research setting:** The study was conducted in the capitol PU College Bangalore.

**Target population**: In this study the population consist adolescent boys.

**Sampling Technique:** Non probability convenient sampling wasconsidered appropriate for the study.

**Sample and sample size:** The sample size for the present study is 50 adolescent boys, who studying in Capitol PU college Bangalore. Simple

## Criteria for sample selection:

**Inclusion Criteria:** Adolescent boys who are

- Willing to participate.
- Available at the time of data collection

**Exclusion Criteria:** adolescent boys, who are,

- Not willing to participate.
- Not available at the time of data collection.

## Development of tool:

A structured knowledge questionnaire was prepared for assessing the knowledge of adolescents boys of PU College regarding ill effects of alcohol that includes questions related general information, incidence, etiology and ill effects of alcohol. The was developed after the extensive review of literature, seeking opinion of expert and guides, formal and informal discussion with the peer groups and investigators, professional experience in to consideration.

**Description of the tool :** The final tool comprised of two parts.

- **Part I** – Demographic forms, It consist age, religion, type of family, educational status of parents, occupational status of parents, family income, family history of alcoholism, source of information regarding alcoholism and last year exam marks.

- **Part II** – Structured knowledge questionnaire. It consist 50 questions covering 5 aspects of alcoholism. Criterion measure for classification of level of knowledge.

| Knowledge Level | Category |
|---|---|
| Inadequate | = 50 % Score |
| Moderate | 51-75 % Score |
| Adequate | > 75 % Score |

## Data collection procedure:

Before the data collection of actual data the investigator met the Principle of the selected PU College and obtained formal permission for conducting the study. The investigator visited the college the given date and was introduced to the students by the class coordinator. The purpose of the study was explained to the students. The confidentiality of their identity and responses was assured in order to ensure their cooperation and prompt response. After obtaining consent for the study the tool was administered to the group. The average time taken to conduct pre-test was 20 minutes and planned teaching programme was 45 minutes and post- test was performed on the 6th day using same structured knowledge questionnaire. The respondents well with the investigator and were happy with the planned teaching programme. At the end of the data collection the investigator thanked the respondents for their co-operation. The investigator faced no-problem during the data collection procedure.

## Result :

The result indicates the overall mean knowledge score of pre test and post test on ill effects of alcohol. The findings revealed that the post test mean knowledge score was found to be higher (77.5%) and the standard deviation 7.5%, than the pretest mean knowledge score (37.1%) and standard deviation 10.7%. the mean knowledge enhancement score was 40.4%.

The statistical paired 't' implies that the difference between pretest and post test knowledge was found statistically significant at 5% (p < 0.05) with a paired 't' value of 22.32. This revealed a statistical significance in the enhancement of knowledge scores, indicating the significant impact of planned teaching programme.

### Over all Pre test and Post test Mean Knowledge on Ill effects of Alcohol

| Aspects | Max. Score | Respondents Knowledge | | | | Paired 't' |
|---|---|---|---|---|---|---|
| | | Mean | SD | Mean (%) | SD (%) | Test 22.32* |
| Pre test | 50 | 18.54 | 5.4 | 37.1 | 10.7 | |
| Post test | 50 | 38.76 | 3.8 | 77.5 | 7.5 | |
| Enhancement | 50 | 20.22 | 6.4 | 40.4 | 12.8 | |

### Aspect wise Mean Pre test and Post test Knowledge on Ill effects of Alcohol

N = 50

| No. | Knowledge Aspects | Respondents Knowledge (%) | | |
|---|---|---|---|---|
| | | Pre test | | Post test |
| | | Mean | SD | Mean |
| I | General information | 34.0 | 13.8 | 74.0 |
| II | Incidence | 38.0 | 21.6 | 80.0 |
| III | Etiological factors | 42.4 | 21.2 | 81.6 |
| IV | Ill effects | 38.9 | 15.9 | 80.9 |
| V | Prevention & Management | 36.9 | 12.9 | 76.7 |
| | Combined | 37.1 | 10.7 | 77.5 |

* Significant at 5% level,    t (0.05, 49df) = 1.9

This table indicates the aspect wise pretest and post test& enhancement of mean knowledge scores on aspects of ill effects of alcohol.

In the aspect of general information about alcoholism, the pre test mean was 34.0% and the post test mean was 74.0% with an enhancement of knowledge by 40.0%.

In the aspect of incidence, the pretest mean was 38.0% and the post test mean was 80.0% with an enhancement of knowledge of 42.0%.

In the aspect of etiological factors, the pretest mean was 42.4% and the post test mean was 81.6% with an enhancement of knowledge of 39.2%.

In the aspect of ill effects of alcohol, the pretest mean was 38.9% and the post test mean was 80.9% with an enhancement of knowledge of 42.0%.
In the aspect of management and prevention, the pretest mean was 36.9% and the post test mean was 76.7% with an enhancement of knowledge of 39.7%.

The overall mean score in the pre test was 37.1% and the post test score was 77.5% and the enhancement in knowledge was 40.4%. The statistical paired 't' test indicates that the enhancement in the mean knowledge scores was found to be significant at 5% level for all the aspects under study.

However the enhancement in knowledge was found significantly less in the area of management and prevention (14.6%) as compared to enhancement of knowledge in other areas.

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